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Item No. 2

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Signature \_\_\_\_\_

EXTRACT FROM INDIVIDUAL ACCIDENT REPORTS  
(8/28/47, 9/47, 10/47)

Compiled by  
S. G. Thornton  
Environmental Management Division  
OAK RIDGE K-25 SITE  
for the Health Studies Agreement

July 1995

Oak Ridge K-25 Site  
Oak Ridge, Tennessee 37831-7314  
managed by  
LOCKHEED MARTIN ENERGY SYSTEMS, INC.  
for the U.S. DEPARTMENT OF ENERGY  
under Contract DE-AC05-84OR21400

This document has been approved for release  
to the public by:

*Gary W. Hall for A.S. Quist* 8/2/95  
Technical Information Officer Date  
Oak Ridge K-25 Site

REPORT NUMBER <b>Not C&amp;C00</b> <b>Not tabulatable</b>		<b>INDIVIDUAL ACCIDENT REPORT</b> AEC FORM 12 (JAN. 8, 1947)		MONTH AND YEAR <b>9 - 47</b>
PROJECT <b>K-25</b>			4. ACTIVITY	
Clinton Production Division			<input type="checkbox"/> GOVERNMENT <input checked="" type="checkbox"/> OTHER	
3. LOCATION <b>Oak Ridge, Tennessee</b>			<input type="checkbox"/> Research <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Production <input type="checkbox"/> Services	
5. TYPE OF REPORT: <input type="checkbox"/> INJURY <input type="checkbox"/> FIRE <input type="checkbox"/> MOTOR VEHICLE <input checked="" type="checkbox"/> PROPERTY DAMAGE				
<b>INJURY</b> <small>*Refer to American Standards Association pamphlet Z16.1-1945</small>			<b>FIRE</b> <small>Refer to American Standards Association pamphlet Z16.2-1941</small>	
6. NAME OF INJURED	7. AGE	8. SEX	19. HOW WAS FIRE EXTINGUISHED?	
9. OCCUPATION	10. EXPERIENCE IN OCCUPATION		20. WHO EXTINGUISHED THE FIRE?	
11. DEPARTMENT WHERE EMPLOYED	12. EXPERIENCE IN DEPARTMENT		21. CLASS OF FIRE File No. <b>725C (99)</b>	
13. DATE STARTED LOSING TIME*	14. DATE RETURNED TO WORK*		<b>MOTOR VEHICLE</b>	
15. CLASS OF INJURY AND TIME CHARGE OR CALENDAR DAYS LOST*			22. NAME OF DRIVER	23. AGE    24. SEX
16. TYPE OF ACCIDENT (ASA Z16.2-1941, Parts I and II)			25. OCCUPATION	26. DEPARTMENT WHERE EMPLOYED
17. PART OF BODY AFFECTED			27. VALID DRIVER'S PERMIT?	28. PERMIT NUMBER
18. NAME OF ATTENDING PHYSICIAN			29. HOURS ON DUTY IMMEDIATELY PRECEDING ACCIDENT	
			30. WHAT DID THE ACCIDENT INVOLVE?	
<b>GENERAL</b> <small>(use for injury, fire, motor vehicle, and property damage reports.)</small>				
31. TIME OF INCIDENT DATE <b>9-25-47</b> HOUR <b>8</b> A. M.    P. M.			32. EXACT LOCATION OF INCIDENT <b>Building K-731 Basement</b>	
<b>No. 11 Feeder (15,000 V.) to Vault No. 32 of K-27</b>				
33. ESTIMATED LOSS <small>(not for injury) GOVERNMENT \$ <b>4500.70</b> OTHER \$</small>			34. PERSONAL LOST TIME INJURY RESULTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
35. PERSONAL INJURY OR PROPERTY DAMAGE - Describe in detail the nature and extent of same. <b>Three cuts in lead sheath allowed oil to leak out of cable.</b>				
36. CAUSE OF INCIDENT - A narrative statement of causes, correlating the causative factors selected below. <b>Not pertinent.</b>				

BY  
**W. E. HUNTER**

37. CAUSATIVE FACTORS \*Refer to American Standards Association pamphlet Z16.2-1941, parts I and II.

AGENCY\* - What agency was closely connected with the incident?

(Do not use)

AGENCY PART\* - What part, if any, of selected agency was most closely involved?

(c) UNSAFE CONDITION\* - What conditions of the selected agency contributed to the incident?

(d) UNSAFE ACT\* - What act contributed to the incident? If injury, was it by ☐ INJURED or ☐ OTHER PERSON?

(e) UNSAFE PERSONAL FACTOR\* - What factors of the person involved resulted in the unsafe act?

(f) SUPERVISION - Did any failure of supervision contribute to the incident? ☐ YES ☐ NO If yes, state how?

38. NARRATIVE - Give full details; describe completely all conditions and acts pertinent to the incident.

Oil leakage was noticed on 9-22-47 and feeder was de-energized, tested, and found to be in satisfactory operating condition. On 9-25-47 when leakage had increased, the cable was de-energized and replaced. It was then observed that the lead sheath had been cut in three places prior to installation.

(If additional space is needed, continue on plain paper.)

39. REGULATIONS - Was incident due to a violation of existing regulations? ☐ YES ☐ NO If yes, which ones?

40. EQUIPMENT FAILURE - Report any failures that added to the severity of the incident.

None

41. CORRECTION - What corrective measures have been or will be taken (give date) to prevent recurrence of similar incidents?

Cable replaced.

PREPARED BY: (This space for use by other than Government)

Whitcomb and Carbon Chemicals Corporation

OF FIRM

SIGNATURE

*W. B. Richardson*  
Asst. E. Division Eng., Equipment Test and  
Inspection Division.

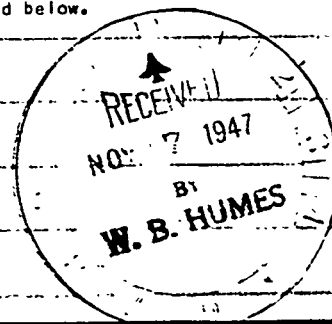
TITLE

PREPARED OR REVIEWED BY:

GOVERNMENT SAFETY ENGINEER

2  
GOVERNMENT OFFICIAL IN CHARGE

REPORT NUMBER <b>FD-4-47</b>	INDIVIDUAL ACCIDENT REPORT AEC FORM 12 (JAN. 8, 1947)	MONTH AND YEAR <b>10-47</b>
PROJECT <b>Carbide and Carbon Chemicals Corporation, K-25</b>		4. ACTIVITY
<b>Clinton Production Division</b>		<input type="checkbox"/> GOVERNMENT <input checked="" type="checkbox"/> OTHER
3. LOCATION <b>Oak Ridge, Tennessee</b>		<input type="checkbox"/> Research <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Production <input type="checkbox"/> Services
5. TYPE OF REPORT: <input type="checkbox"/> INJURY <input type="checkbox"/> FIRE <input type="checkbox"/> MOTOR VEHICLE <input checked="" type="checkbox"/> PROPERTY DAMAGE		
INJURY *Refer to American Standards Association pamphlet Z16.1-1945		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> Plat. Records FIRE Department Vault  19. HOW WAS FIRE EXTINGUISHED?  20. WHO EXTINGUISHED THE FIRE?  21. CLASS OF FIRE  <b>723C</b>  <b>PD-4-47</b> </div>
6. NAME OF INJURED	7. AGE	
9. OCCUPATION	10. EXPERIENCE IN OCCUPATION	
11. DEPARTMENT WHERE EMPLOYED	12. EXPERIENCE IN DEPARTMENT	
13. DATE STARTED LOSING TIME*	14. DATE RETURNED TO WORK*	
15. CLASS OF INJURY AND TIME CHARGE OR CALENDAR DAYS LOST*		MOTOR VEHICLE
16. TYPE OF ACCIDENT (ASA Z16.2-1941, Parts I and II)		22. NAME OF DRIVER
17. PART OF BODY AFFECTED		23. AGE
18. NAME OF ATTENDING PHYSICIAN		24. SEX
		25. OCCUPATION
		26. DEPARTMENT WHERE EMPLOYED
		27. VALID DRIVER'S PERMIT?
		28. PERMIT NUMBER
		29. HOURS ON DUTY IMMEDIATELY PRECEDING ACCIDENT
		30. WHAT DID THE ACCIDENT INVOLVE?
GENERAL (Use for Injury, Fire, motor Vehicle, and Property Damage Reports.)		
31. TIME OF INCIDENT DATE <b>10-20-47</b> HOUR <b>6:46</b> <del>AM</del> <b>PM</b>		32. EXACT LOCATION OF INCIDENT
<b>Switch House, K-751, Power Division, Cubicle Room.</b>		
33. ESTIMATED LOSS (not for injury) GOVERNMENT \$ <b>8,000</b> OTHER \$		34. PERSONAL LOST TIME INJURY RESULTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
35. PERSONAL INJURY OR PROPERTY DAMAGE - Describe in detail the nature and extent of same.  <b>The outside coil and middle leg of transformer were damaged, all pancake coils were twisted out of position and all the porcelain coil spacers and bracing blocks were crushed. Inside of transformer considered a total loss.</b>		
36. CAUSE OF INCIDENT - A narrative statement of causes, correlating the causative factors selected below.  <b>Undetermined, as of this date.</b>		



37. CAUSATIVE FACTORS \*Refer to American Standards Association pamphlet Z16.2-1941, parts I and II.

(a) AGENCY\* - What agency was closely connected with the incident?

(Do not use)

**1.0310 Transformer**

AGENCY PART\* - What part, if any, of selected agency was most closely involved?

**1.03115 Transformer 13.6KV**

(c) UNSAFE CONDITION\* - What conditions of the selected agency contributed to the incident?

**Pending**

(d) UNSAFE ACT\* - What act contributed to the incident? If injury, was it by ☐ INJURED or ☐ OTHER PERSON?

**Pending**

(e) UNSAFE PERSONAL FACTOR\* - What factors of the person involved resulted in the unsafe act?

**Pending**

(f) SUPERVISION - Did any failure of supervision contribute to the incident? ☐ YES ☐ NO If yes, state how?

**Pending**

38. NARRATIVE - Give full details; describe completely all conditions and acts pertinent to the incident.

**At 8:14 A.M. October 30, 1947 this condenser was removed from service for the purpose of examining the newly installed bronze collector rings and to fill the unit with hydrogen. After inspection of the rings, it was decided to repolish them due to the presence of grooves and rough spots.**

**At 3:25 P.M. the machinist had set up the stoning rigs and the condenser was manually energized from the auto-transformer with the field collector rings short-circuited and all of the automatic controls out of service. This method was used to start the machine so that approximately full speed could be attained in order to polish the rings. The starting was accomplished approximately at 3:29 P.M. by opening the starting breaker and closing the running breaker, in which condition the machine was rotating until 5:30 P.M. when it was shut down to change the polishing stones.**

**At 6:00 P.M. attempts to start the condenser were unsuccessful. At the present time, the exact sequence of events which might disclose the reason for failure has not been determined. Furthermore, if the cause of damage was the result of some material defect in the transformer it is doubtful that that defect will ever be known due to the amount of damage incurred in the failure.**

(If additional space is needed, continue on plain paper.)

39. REGULATIONS - Was incident due to a violation of existing regulations? ☐ YES ☐ NO If yes, which ones?

40. EQUIPMENT FAILURE - Report any failures that added to the severity of the incident.

**None**

41. CORRECTION - What corrective measures have been or will be taken (give date) to prevent recurrence of similar incidents?

**Pending**

REMARKS (This space for use by other than government)

**Carbide and Carbon Chemicals Corp.**

PREPARED OR REVIEWED BY:

OF FIRM

SIGNATURE

**E. J. Richardson**

**12**

GOVERNMENT SAFETY ENGINEER

TITLE

**Asst. Div. Head, Equipment Test & Inspection Div.**

GOVERNMENT OFFICIAL IN CHARGE

REPORT NUMBER <b>FD - 3</b>	<b>INDIVIDUAL ACCIDENT REPORT</b> AEC FORM 12 (JAN. 8, 1947)	MONTH AND YEAR <b>8 - 28 - 47</b>	
PROJECT <b>Carbide and Carbon Chemicals Corporation, K-25.</b>		4. ACTIVITY <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> OTHER <input type="checkbox"/> Research <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Production <input type="checkbox"/> Services	
3. LOCATION <b>Clinton Production Division</b> <b>Oak Ridge, Tennessee</b>			
5. TYPE OF REPORT: <input type="checkbox"/> INJURY <input type="checkbox"/> FIRE <input type="checkbox"/> MOTOR VEHICLE		PROPERTY DAMAGE <input checked="" type="checkbox"/> FIRE <input type="checkbox"/> VANDALISM <input type="checkbox"/> THEFT <input type="checkbox"/> OTHER	
INJURY *Refer to American Standards Association pamphlet Z16.1-1945		FIRE Doc. No. _____	
6. NAME OF INJURED	7. AGE	8. SEX	
9. OCCUPATION	10. EXPERIENCE IN OCCUPATION		
11. DEPARTMENT WHERE EMPLOYED	12. EXPERIENCE IN DEPARTMENT		
13. DATE STARTED LOSING TIME*	14. DATE RETURNED TO WORK*		
15. CLASS OF INJURY AND TIME CHARGE OR CALENDAR DAYS LOST*		19. HOW WAS FIRE EXTINGUISHED?	
16. TYPE OF ACCIDENT (ASA Z16.2-1941, Parts I and II)		20. WHO EXTINGUISHED THE FIRE? <b>723 C</b>	
17. PART OF BODY AFFECTED		21. CLASS OF FIRE <b>PD-3</b>	
18. NAME OF ATTENDING PHYSICIAN		MOTOR VEHICLE 22. NAME OF DRIVER    23. AGE    24. SEX 25. OCCUPATION    26. DEPARTMENT WHERE EMPLOYED 27. VALID DRIVER'S PERMIT?    28. PERMIT NUMBER 29. HOURS ON DUTY IMMEDIATELY PRECEDING ACCIDENT 30. WHAT DID THE ACCIDENT INVOLVE?	
GENERAL (Use for injury, fire, motor vehicle, and property damage reports.)			
31. TIME OF INCIDENT DATE <b>8-28-47</b> HOUR <b>2:18 P. M.</b>		32. EXACT LOCATION OF INCIDENT <b>Building 303-6 &amp; 7, Vault 12,</b> <b>Position 12V 1A-207</b>	
33. ESTIMATED LOSS (not for injury) GOVERNMENT \$ <b>465.00</b> OTHER \$ _____		34. PERSONAL LOST TIME INJURY RESULTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
35. PERSONAL INJURY OR PROPERTY DAMAGE - Describe in detail the nature and extent of same.			
<p><b>Are marks on primary coil. Brazed connection between primary lead and #6 coil melted in two. The outside coil of the top pancake winding on #2 coil was charred.</b></p>			
36. CAUSE OF INCIDENT - A narrative statement of causes, correlating the causative factors selected below.			
<p><b>Employee inserted a thermometer through the grating of the transformer, causing a ground to the coils.</b></p>			

37. CAUSATIVE FACTORS \*Refer to American Standards Association pamphlet Z16.2-1941, parts I and II.

AGENCY\* - What agency was closely connected with the incident?

(Do not use)

**4.13**

AGENCY PART\* - What part, if any, of selected agency was most closely involved?

**See above (37a)**

(c) UNSAFE CONDITION\* - What conditions of the selected agency contributed to the incident?

**None**

(d) UNSAFE ACT\* - What act contributed to the incident? If injury, was it by ☐ INJURED or ☐ OTHER PERSON?

**4.1-3 - 4.2-51**

(e) UNSAFE PERSONAL FACTOR\* - What factors of the person involved resulted in the unsafe act?

(f) SUPERVISION - Did any failure of supervision contribute to the incident? ☐ YES ☒ NO If yes, state how?

38. NARRATIVE - Give full details; describe completely all conditions and acts pertinent to the incident.

**While the employee was passing through the transformer vault he decided to take the temperature of the transformer. When he inserted a metal sheathed thermometer the transformer was shorted out, resulting in fire and minor injury to employee.**

(If additional space is needed, continue on plain paper.)

39. REGULATIONS - Was incident due to a violation of existing regulations? ☐ YES ☒ NO If yes, which ones?

40. EQUIPMENT FAILURE - Report any failures that added to the severity of the incident.

**None**

41. CORRECTION - What corrective measures have been or will be taken (give date) to prevent recurrence of similar incidents?

**Employee has since terminated.**

PREPARED BY: (This space for use by other than Government)

**Wide and Carbon Chemicals Corporation**

OF FIRM

SIGNATURE

**Ass't. Div. Head, Equipment Test and Inspection Division.**

PREPARED OR REVIEWED BY:

GOVERNMENT SAFETY ENGINEER

GOVERNMENT OFFICIAL IN CHARGE



## DISTRIBUTION

1. K-25 Site Records (RC)

~~2. ChemRisk/Shonka Research Associates~~

3. DOE Public Reading Room

4. S. G. Thornton (K-25 EMD)